



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant:	Villalobos, Victor M.	Examiner:	Not yet assigned
Serial No.:	10/730,848	Group Art Unit:	Not yet assigned
Filed:	December 9, 2003	Docket:	23030-RA
For:	ELECTRIC POWER SHUTTling AND MANAGEMENT SYSTEM, AND METHOD		

Commissioner for Patents  
P.O. Box 1450  
Arlington, VA 22313

**PRELIMINARY AMENDMENT PURSUANT TO 37 C.F.R. §1.115**

Sir:

Please find a check in the amount of \$52.00 enclosed for payment of one additional independent claim.

Please amend the above-identified application in accordance with 37 C.F.R. §1.115 as follows:

03/11/2004 EAREGAY1 00000116 10730848

01 FC:2201	43.00 OP
02 FC:2202	9.00 OP



3-9-04

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PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/730,848	
	Filing Date	December 9, 2003	
	First Named Inventor	Villalobos, Victor	
	Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	19	Attorney Docket Number	23030-RA

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):
<b>Remarks</b>  RETURN RECEIPT POSTCARD  PATENT APPLICATION FEE DETERMINATION RECORD		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Thomas R. Williamson III, Esq.	
Signature		#44,180
Date	3/8/04	

**CERTIFICATE OF TRANSMISSION/MAILING**

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Typed or printed name	La Renda Meyer		
Signature		Date	

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